

STATE USE ONLY

Page 0, Line 1

Col.
STATUS 4

Return this report
BY MARCH 15, 2002 to:
Office of Statewide Health Planning
and Development
Accounting and Reporting Systems Section
818 K Street, Room 400
Sacramento, California 95814

Completion of this Annual Utilization Report of Home Health Agencies and Hospice is required by Section 74729, Division 5, Title 22, of the California Code of Regulations for Home Health Agencies and, Section 1750(c) of the California Health and Safety Code for Hospices. This report is for all Home Health and Hospice Services for which this agency is licensed. A separate annual report is required for each parent agency and branch; therefore, **DO NOT** combine data from your offices/locations.

If you have any questions or need assistance in completing this form, please contact our Office at (916) 323-7685.

The reporting period is the calendar year January 1 through December 31.

Line

1. Is your agency: (1=For Profit; 2=Nonprofit-Private; 3=Nonprofit-Government)? 1.

2. Is your agency: (1=Parent; 2=Branch)? 2.

COMPLETE QUESTION #5 ONLY IF YOUR AGENCY/HOSPICE IS NEWLY LICENSED, CLOSED OR WENT INTO SUSPENSE DURING THE REPORTING YEAR

5. **Dates of Licensure:** If the agency/hospice was licensed on or after 1/1 or was delicensed (closed) on or before 12/31, enter the dates of operation in Columns 1 and 2. (Month = 01 through 12 and Day = 01 through 31).

1. FROM

Col. 1

Month

Day

THROUGH

Col. 2

Month

Day

6. Enter the number 1 if the HHA was certified for: 6. Medicare Col. 1 Medi-Cal Col. 2

7. Enter the number 1 if the HHA has a hospice program.....7.

8. Enter the number 1 if the HHA's hospice program was certified for:..... 8. Medicare Medi-Cal

9. Enter the number 1 if this entity is a freestanding hospice 9.

10. Enter the number 1 if the hospice was certified for: 10. Medicare Medi-Cal

11. Enter the number 1 if the HHA/Hospice has the following accreditation: 11. JCAHO CHAP

PERSON RESPONSIBLE FOR COMPLETING REPORT

TITLE

21. Telephone ()

FAX Number ()

I certify that the information contained in this report is accurate and complete to the best of my knowledge

Administrator's Name (please print)

Administrator's Signature

PART A
HOME HEALTH UTILIZATION

A. HOME INFUSION THERAPY/PHARMACY ONLY

1. Enter the number 1 (yes) if you have a Registered Nurse on staff who makes home visits..... 1.
2. Enter the number 1 (yes) if the agency is a licensed Pharmacy 2.

B. SPECIAL SERVICES

Check the special services, below, performed under your Home Health Agency License:

LINE	COL. 1	COL. 2
12	ENTEROSTOMAL THERAPY	MENTAL HEALTH COUNSELING
13	RESPIRATORY/PULMONARY THERAPY	PEDIATRIC
14	IV THERAPY (INCLUDES CHEMO & TPN)	PSYCHIATRIC NURSING
15	AIDS SERVICES	BLOOD TRANSFUSIONS
16	OTHER	

C. PATIENT INFORMATION

17. Enter the number of *unduplicated* patients seen by your agency during the reporting year.....17.

D. HOME HEALTH CARE

OTHER HOME HEALTH VISITS		
Line	Number Of Visits	
18		PRE-ADMISSION SCREENING/EVALUATIONS
19		OUTPATIENT VISITS
20		OTHER
21		TOTAL

E. OTHER HOME HEALTH SERVICES (Home Care Service, e.g., Continuous Care)

NOTE: Do not complete lines 22-29 if these services were provided by an organization other than your licensed agency.

- Line
22. Enter a 1 (yes) if your agency performed other Home Care Services..... 22.
23. How many total hours of other Home Care did your agency provide?..... 23.

Please check below, those other Home Care Services, Staff, and Functions provided:

25. ☐ Non-intermittent Nursing (RN/LVN)
26. ☐ Certified Nurse Assistant (CNA)
27. ☐ Homemaker Services
28. ☐ Home Health Aide
29. ☐ Other

HOME HEALTH AGENCY PATIENTS & VISITS

TABLE 1 -- PATIENTS AND VISITS BY AGE			
Age	Line No.	Col. 1	Col. 2
		Patients	Visits
TOTAL	1		
0-10 Years	2		
11-20 Years	3		
21-30 Years	4		
31-40 Years	5		
41-50 Years	6		
51-60 Years	7		
61-70 Years	8		
71-80 Years	9		
81-90 Years	10		
91 Years and Older	11		

TABLE 2 -- DISCHARGES		
Reason for Discharge	Line No.	Patient Discharges Col. 1
TOTAL	21	
No Further Home Health Care Needed	22	
Admitted to Hospital	23	
Admitted to SN/IC Facility	24	
Family/Friends Assumed Responsibility	25	
Patient Moved out of Area	26	
Patient Refused Service	27	
Transferred to Another HHA	28	
Transferred to Outpatient Rehabilitation	29	
Physician Request	30	
Death	31	
Lack of Funds	32	
Lack of Progress	33	
Transferred to Hospice	34	
Transferred to Home Care (Personal Care)	35	
Other	36	

NOTE: **Only include** patients whose services were terminated by the client or agency.

TABLE 3 -- VISITS BY PRIMARY REIMBURSEMENT SOURCE		
Reimbursement Source	Line No.	Visits Col. 1
TOTAL	39	
Medicare	40	
Medi-Cal	41	
CHAMPUS	42	
Other Third Party (<i>ins., etc.</i>)	43	
Private (Self Pay)	44	
HMO/PPO	45	
No Reimbursement	46	
Other (Incl., MSSP)	47	

TABLE 4 -- VISITS BY TYPE OF STAFF		
Type of Staff	Line No.	Visits Col. 1
TOTAL	51	
Registered Nurse	52	
Public Health Nurse	53	
Home Health Aide	54	
Physical Therapist	55	
Licensed Vocational Nurse	56	
Social Worker	57	
Occupational Therapist	58	
Speech Pathologist/Audiologist	59	
Nutritionist (diet counseling)	60	
Physician	61	
Spiritual and Pastoral Care	62	
Other	63	

TABLE 5 -- ADMISSIONS BY SOURCE OF REFERRAL		
Source of Referral	Line No.	Patient Admissions Col. 1
TOTAL	71	
Hospital (Discharge Planner, etc)	72	
Physician	73	
Family/Friend	74	
Self	75	
Long Term Care Facility (SN/IC)	76	
Local Health Department	77	
Clinic	78	
Social Service Agency	79	
Another Home Health Agency	80	
Payer (insurer, HMO, etc)	81	
Hospice	82	
MSSP	83	
Other	84	

INSTRUCTIONS: **Visits** must be the **same** number as reported on **Table 1**

HEALTH CARE UTILIZATION

TABLE 6 -- PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN			
PRINCIPAL DIAGNOSIS (See Pages 5 & 6 for ICD-9-CM codes)	Line No	Col. 1 PATIENTS	Col. 2 VISITS
TOTAL	1		
Infectious and parasitic diseases (Exclude AIDS)	2		
HIV infections (Include AIDS, ARC, HIV)	3		
Malignant neoplasms: Lung	4		
Malignant neoplasms: Breast	5		
Malignant neoplasms: Intestines	6		
Malignant neoplasms: All other sites	7		
Non-malignant neoplasms: All sites	8		
Diabetes mellitus	9		
Endocrine, metabolic, and nutritional diseases; Immunity disorders	10		
Diseases of blood and blood forming organs	11		
Mental disorder	12		
Alzheimer's disease	13		
Diseases of nervous system and sense organs	14		
Diseases of cardiovascular system	15		
Diseases of cerebrovascular system	16		
Diseases of all other circulatory system	17		
Diseases of respiratory system	18		
Diseases of digestive system	19		
Diseases of genitourinary system	20		
Diseases of breast	21		
Complications of pregnancy, childbirth, and the puerperium	22		
Diseases of skin and subcutaneous tissue	23		
Diseases of musculoskeletal system and connective tissue (Include pathological fx, malunion fx, and nonunion fx)	24		
Congenital anomalies and perinatal conditions (Include birth fractures)	25		
Symptoms, signs, and ill-defined conditions (Exclude HIV positive test)	26		
Fractures (Exclude birth fx, pathological fx, malunion fx, nonunion fx)	27		
All other injuries	28		
Poisonings and adverse effects of external causes	29		
Complications of surgical and medical care	30		
Health services related to reproduction and development	31		
Infants born outside hospital	32		
Health hazards related to communicable diseases	33		
Other health services for specific procedures and aftercare	34		
Visits for Evaluation & Assessment	35		

☐ Total patients in Table 6 above CANNOT BE LESS THAN total patients in Table 1 on Page 3. Total patients in Table 6 CAN EXCEED total patients in Table 1 ONLY by the number of patients whose primary condition were changed and who were readmitted with a different primary condition.

☐ Total visits must be equal to total visits in Table 1 on Page 3, line 1.

How many of the patients you reported in Table 1 on Page 3 had a primary or secondary diagnosis of HIV (AIDS/ARC) or Alzheimer's Disease and how many health care visits were made to them. The primary condition for which an HIV or Alzheimer's patient was visited may have been a fracture, a skin infection, cancer, or any number of primary conditions. What we are asking relates to the number of HIV or Alzheimer's patients among your total patient load, regardless of the nature of the treatment received or the primary condition of the patient.

HIV (AIDS/ARC or HTLV/III-LAV)		
Line No.	Col. 1 PATIENTS	Col. 2 VISITS
36		

ALZHEIMER'S DISEASE		
Line No.	Col. 1 PATIENTS	Col. 2 VISITS
37		

PRINCIPAL DIAGNOSIS

HOME HEALTH Principal diagnosis is the diagnosis most related to the current plan of treatment. The principal diagnosis may or may not be related to the client's most recent hospital stay, but must relate to the services rendered by the home health agency. If more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition and requires the most intensive services is considered the principal diagnosis.

<u>LINE ITEM</u>	<u>ICD-9-CM CODES</u>	<u>DESCRIPTION</u>
2	001.0-041.9 045.00-139.8	Infectious and parasitic diseases
3	042	HIV (Human Immunodeficiency Virus) infections [Exclude positive finding of HIV V08 or inconclusive finding of HIV 795.71])
4	162.0-162.9 197.0, 231.2	Malignant neoplasm of lung
5	174.0-174.9 175.0-175.9 198.2, 198.81 233.0	Malignant neoplasm of breast
6	152.0-154.8 159.0, 197.4 197.5, 197.8 198.89, 230.3 230.4, 230.7	Malignant neoplasm of small and large intestines
7	140.0-208.91 230.0-234.9	Malignant neoplasm of all sites other than lung, breast or intestines (primary, secondary, CA-in-situ) [Exclude malignant neoplasm as shown in lines #4-6]
8	210.0-229.9 235.0-238.9 239.0-239.9	Non-malignant neoplasm of all sites (benign, uncertain behavior, and unspecified nature)
9	250.00-250.93	Diabetes and its related manifestations
10	240.0-246.9 251.0-279.9	Endocrine, metabolic, and nutritional diseases and Immunity disorders [Exclude diabetes as shown in line #9]
11	280.0-289.9	Diseases of blood and blood-forming organs
12	290.0-319	Mental disorders
13	331.0	Alzheimer's disease
14	320.0-389.9	Disease of nervous system and sense organs [Exclude Alzheimer's disease as shown in line #13]
15	391.0-392.0 393-402.91 404.00-429.9	Diseases of cardiovascular system
16	430-438.9	Diseases of cerebrovascular system
17	390, 392.9 403.00-403.91 440.0-459.9	Diseases of all other circulatory systems [Exclude heart or brain involvement as shown in lines #15-16]
18	460-519.9	Diseases of respiratory system [Exclude lung neoplasm as shown in lines #4 and #8]
19	520.0-579.9	Diseases of digestive system [Exclude intestinal neoplasm as shown in lines #6 and #8]
20	580.0-608.9 614.0-629.9	Diseases of genitourinary system

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HOSPICE - 2001**

Enter nine digit ID#

<u>LINE ITEM</u>	<u>ICD-9-CM CODES</u>	<u>DESCRIPTION</u>
21	610.0-611.9	Diseases of breast (male or female). [Exclude breast neoplasm as shown in lines #5 and #8]
22	630-677	Complications of pregnancy, childbirth, and the puerperium
23	680.0-709.9	Diseases of skin and subcutaneous tissue
24	710.00-739.9	Diseases of musculoskeletal system and connective tissues (Include pathological fracture, malunion fracture, and nonunion fracture)
25	740.0-779.9	Congenital anomalies and certain conditions originating in perinatal period (Include birth fractures)
26	780.01-795.6 795.79, 796.0-799.9	Symptoms, sign, and ill defined conditions [Exclude inconclusive finding of HIV 795.71]
27	800.00-829.1	Fractures [Exclude birth fracture, pathological fracture, nonunion or malunion fracture]
28	830.0-959.9	All other injuries (dislocations, sprains, internal injury, open wound, superficial injury, contusion, crushing injury, foreign body, injuries to blood vessels, nerves and spinal cord, and burns)
29	960.0-995.89	Poisonings and adverse effects of external causes
30	996.00-999.9	Complications of surgical and medical care
31	V20.0-V26.9 V28.0-V29.9	Health services related to reproduction and development [Exclude outcome of deliveries - V27.0-V27.9]
32	V30.1-V30.2 V31.1-V31.2 V32.1-V32.2 V33.1-V33.2 V34.1-V34.2 V35.1-V35.2 V36.1-V36.2 V37.1-V37.2 V39.1-V39.2	Infants born outside hospital
33	V01.0-V19.8 V40.0-V49.9	Health hazards related to communicable diseases; Personal and family history; Other factors influencing health status [Exclude positive finding of HIV V08]
34	V50.0-V58.9	Other health services for specific procedures and aftercare
35	V60.0-V83.02	Visits for evaluation and assessment

PART B
HOSPICE UTILIZATION

A hospice is a centrally administered program of palliative and supportive services which provides physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. Care is available by a coordinated interdisciplinary team seven days a week, 24 hours a day. Emotional care to the patient's family extends through the bereavement period.

Complete this part of the report if the agency is a freestanding Hospice or a Home Health Agency providing hospice services.

I. FACILITY OWNERSHIP

1. Enter the number 1 (yes) if the hospice is under common ownership or control with inpatient facility(ies), including a hospital, Skilled Nursing Facility (SNF), or Congregate Living Health Facility (CLHF) 1. _____
2. If line 1 is yes, how many related facilities are under common ownership or control with inpatient facility(ies), including a hospital, SNF, or CLHF? 2. _____
How are they licensed?

	Col. 1	Col. 2
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II. SERVICES

Check all of the services directly provided by OR contracted for by the hospice:

Table 13 – Hospice Services			
Line No.	Hospice Services	Directly Provided Col. 1	Contracted Col. 2
7	Enterostomal Therapy		
8	Respiratory/Pulmonary Therapy		
9	Nutritional Counseling		
10	IV Therapy		
11	Palliative Chemo Therapy		
12	Palliative Radiation Therapy		
13	24 Hour On Call & Visit Coverage		
14	Pediatric Care		
15	HIV Care		
16	In Home Respite		
17	Home Medical Equipment/Supplies		
18	Laboratory Services		
19	Transportation/Ambulance		
20	Pharmacy		
21	Inpatient Services		
22	Nursing		
23	Social Work/Counseling		
24	Spiritual/Pastoral		
25	Home Health Aide/Homemaker		
26	Volunteer Services		
27	Hospice Physician/Medical Director		
28	Bereavement Services		
29	Other, Specify _____		

HOSPICE UTILIZATION

II. SERVICES (Continued)Check all of the services directly provided by OR contracted for by the hospice:

Table 14 - Type of Bereavement Services Provided			
Line No.		Directly Provided Col. 1	Contracted Col. 2
1	Bereavement Assessments		
2	Home Counseling by Professionals		
3	Home Counseling by Volunteers		
4	Referrals for Psychological Services When Appropriate		
5	Follow-ups (telephone/mail)		
6	General Bereavement Groups		
7	Memorial Services		
8	Specialized Bereavement Groups		
9	Social Activities		

Table 15 - Volunteer Hours by Type of Service		
Line No.	Type of Service	Volunteer Hours Col. 1
15	Non-Professional Patient/Family Support	
16	Professional Clinical Patient/Family Support	
17	Bereavement Support	
18	Patient Care Program Administrative Support	
19	Non-patient Care Administrative Support	
20	Other	
21	TOTAL HOURS	

PATIENT INFORMATION

TABLE 16 - UNDUPLICATED PATIENTS BY GENDER AND AGE

Line No.	AGE	MALE	FEMALE	OTHER/UNKNOWN*	TOTAL
		Col. 1	Col. 2	Col. 3	Col. 4
1	0-10 Years				
2	11-20 Years				
3	21-30 Years				
4	31-40 Years				
5	41-50 Years				
6	51-60 Years				
7	61-70 Years				
8	71-80 Years				
9	81-90 Years				
10	91 + Years				
11	TOTAL				

TABLE 17 - UNDUPLICATED PATIENTS BY RACE

Line No.	RACE	MALE	FEMALE	OTHER/UNKNOWN*	TOTAL
		Col. 1	Col. 2	Col. 3	Col. 4
20	WHITE				
21	BLACK				
22	NATIVE AMERICAN				
23	ASIAN/PACIFIC ISLANDER				
24	OTHER*				
25	UNKNOWN*				
26	TOTAL				

Table 18 - ETHNICITY

	Hispanic Col. 1	Non-Hispanic Col. 2
Line 30		

*If other/unknown greater than 3% of total, must explain.

PATIENT ADMISSIONS BY SOURCE AND DISCHARGES BY DISPOSITION

Table 19 - ADMISSIONS BY SOURCE OF REFERRAL		
Line No.	Source of Referral	Patient Admissions
		Col. 1
1	Hospital (Discharge Planner, etc.)	
2	Physician	
3	Family/Friend	
4	Self	
5	Long-term Care Facility (SN/IC)	
6	Clinic	
7	Social Service Agency	
8	Home Health Agency	
9	Payer (Insurer, HMO, etc.)	
10	Other Hospice	
11	AIDS Service Organization	
12	Other	
13	TOTAL	

TABLE 20 - PATIENT DISCHARGES BY REASON		
Line No.	Reason for Discharge	Patient Discharges
		Col. 1
20	Death	
21	Patient Moved Out of Area	
22	Patient Refused Service	
23	Transferred to Another Local Hospice	
24	Prognosis Extended	
25	Patient Desired Curative Treatment	
26	Other	
27	TOTAL	

PATIENTS DISCHARGED BY LENGTH OF STAY

Table 21 – NUMBER OF DISCHARGED PATIENTS BY LENGTH OF STAY		
Line No.	DAYS	Number of Discharged Patients
		Col. 1
35	0 - 30 Days	
36	31 - 60 Days	
37	61 - 90 Days	
38	91 - 120 Days	
39	121 - 150 Days	
40	151 - 180 Days	
41	181 - 210 Days	
42	211 - 240 Days	
43	241 + Days	
44	Total Patients	

VISITS BY TYPE OF STAFF DURING REPORTING YEAR

TABLE 22- Visits By Type of Staff During Reporting Year		
Line No.	TYPE OF STAFF	TOTAL NUMBER OF VISITS
		Col. 1
1	Registered Nurse	
2	Licensed Vocational Nurse	
3	Home Health Aide	
4	Physical Therapist	
5	Occupational Therapist	
6	Speech Pathologist/Audiologist	
7	Social Worker/Counselor	
8	Hospice Physician/Medical Director	
9	Spiritual and Pastoral Care	
10	Homemaker	
11	Other	
12	TOTAL	

PATIENT DAYS BY LEVEL OF CARE DURING REPORTING YEAR

TABLE 23 – Patient Days by Level of Hospice Care		Patient Days
	Level of Hospice Care	Col. 1
16	Routine Home Care	
17	Continuous Care	
18	Acute Inpatient	
19	Respite Inpatient	
20	TOTAL Patient Days	

21. Total number of continuous care hours21. _____

PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE

Table 24 – PERCENTAGE OF GROSS REVENUE BY REIMBURSEMENT SOURCE				
Line No.	Reimbursement Source	NUMBER OF PATIENTS Col. 1	NUMBER OF PATIENT DAYS Col. 2	% GROSS REVENUE Col. 3
1	Medicare			
2	Medi-Cal			
3	Private Coverage			
4	Other Government			
5	Self-Pay			
6	Other			
7	No Reimbursement			
8	TOTAL			*

*MUST ADD TO 100%

HOSPICE UTILIZATION

HOSPICE The principal diagnosis is the disease/problem to be the chief cause of the admission of the patient to the hospice program.

TABLE 25 -- DISCHARGED PATIENTS AND VISITS BY PRINCIPAL DIAGNOSIS FOR WHICH CARE WAS GIVEN

Line No.	PRINCIPAL HOSPICE DIAGNOSIS FOR DISCHARGED PATIENTS		Col. 1	Col. 2	Col. 3
			Total Number of Discharged Patients	Visits	Discharged Patients Total Days of Care
	ICD-9-CM Code				
1	001-041, 045-139	Infectious and Parasitic Diseases, excluding HIV disease			
2	042	HIV Disease			
3	140-149	Malignant Neoplasm of lip, oral cavity, & pharynx – primary sites			
4	150-159	Malignant Neoplasm of digestive organs & peritoneum – primary sites			
5	160-165	Malignant Neoplasm of respiratory & intrathoracic organs – primary sites			
6	170-176	Malignant Neoplasm of bone, connective tissue, skin, & breast – primary sites			
7	179-189	Malignant Neoplasm of genitourinary organs – primary sites			
8	190-199	Malignant Neoplasm of other & unspecified sites – secondary sites			
9	200-208	Malignant Neoplasm of lymphatic & hematopoietic tissue			
10	210-229	Benign Neoplasm			
11	230-234	Carcinoma-in-situ Neoplasms			
12	235-238	Neoplasm of uncertain behavior			
13	239	Neoplasm of unspecified nature			
14	240-279	Endocrine, Nutritional, and Metabolic diseases, and Immunity Disorders			
15	280-289	Diseases of blood and blood-forming organs			
16	290-319	Mental Disorders			
17	320-389	Diseases of Nervous System and Sense Organs			
18	390-459	Diseases of Circulatory System			
19	460-519	Diseases of Respiratory System			
20	520-579	Diseases of Digestive System			
21	580-629	Diseases of Genitourinary System			
22	630-677	Pregnancy, Childbirth, & the Puerperium			
23	680-709	Diseases of Skin and Subcutaneous Tissue			
24	710-739	Diseases of the Musculoskeletal System and Connective Tissue			
25	740-759	Congenital Anomalies			
26	760-779	Certain Conditions Originating in the perinatal period			
27	780-799	Symptoms, Signs, & Ill-defined conditions			
28	800-999	Injury, Poisoning, and Complications			
29	V01-V83	Factors Influencing Health Status and contact with Health Services			
30	TOTAL				